

Health & Nutrition Questionnaire

Toddler: 1 and 2 years old

Child's name: _____ Child's Age: _____

At today's visit, we will talk about:

- ★ How your child is eating
- ★ Ways to keep your child healthy
- ★ How your child is growing
- ★ Questions you may have

Please answer the following questions:

When was your child's last well child visit to his/her doctor? _____

Has there been any change in your child's health since your last WIC visit?

- ☐ No
☐ Yes: _____
☐ Not on WIC before

My child is growing:

- ☐ Too slow ☐ Just enough ☐ Too fast

Do you give your child any of the following?

- Iron ☐ No ☐ Yes
- Fluoride ☐ No ☐ Yes
- Children's vitamins ☐ No ☐ Yes
- Medication ☐ No ☐ Yes: _____

Was your child ever breastfed?

- ☐ No
☐ Yes, for _____ # of months
☐ Still breastfeeding

Has your child seen a dentist in the past 6 months?

- ☐ No
☐ Yes
☐ I would like to find a dentist

Does your child have a cavity that needs to be filled?

- ☐ No
☐ Yes
☐ Don't know

About how many hours did your child sit and watch television or videos yesterday?

- ☐ <1 hour ☐ 1 hour ☐ 2 hours
☐ 3 hours ☐ 4 hours ☐ 5 or more hours ☐ None

How often is your child around someone who smokes (includes home, childcare and car)?

- ☐ Never
☐ 3 days per week or less
☐ 4 days per week or more
☐ Person only smokes outside

Over Please.....

Staff use only:

- ♣ Medical home: Y N
Provider: _____

Dental home: Y N

IZ utd: Y N

- request

- ♣ Growth pattern:
01 02 03 04 06 07 08

- ♣ Hgb value shared: Y N n/a

- ♣ Health/medical
- | | | | | | | |
|----|----|----|----|----|----|----|
| 10 | 11 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 31 | 32 | 33 | 34 | 35 |
| 36 | 38 | 39 | 40 | 41 | 43 | |

Family environment:
90 96 97

63

How would you describe your child's usual daily activity: (check one)

☐ Very active (plays actively *outside* 2 or more hours per day)

☐ Moderately active (plays actively *inside* and *outside* 2 hours per day)

☐ Somewhat active (plays actively *inside* 1 to 2 hours per day)

☐ Not very active (plays mostly inside)

My child's appetite is:

☐ Great ☐ Good ☐ Fair ☐ Little or no appetite

My child eats with the family:

☐ Most of the time ☐ Sometimes ☐ Rarely

My child eats: _____ # meals each day _____ # snacks each day

My child drinks: (check all that apply)

☐ Milk ☐ 100% Juice ☐ Water

☐ Fruit punch ☐ Soda or Pop ☐ Sports drinks

☐ Other drinks: _____

My child drinks from a:

☐ Cup ☐ Sippy cup ☐ Bottle

Does your child take a bottle to sleep at naptime or bedtime?

☐ No

☐ Yes

Which food group would you like your child to eat more of?

☐ Milk, yogurt, cheese

☐ Protein foods like: meat, fish, eggs, beans

☐ Fruits

☐ Vegetables

☐ Bread, cereal, rice, pasta

☐ Other: _____

From the following list, check any food(s) your child eats:

☐ Nuts ☐ Popcorn ☐ Hard candy ☐ None of these

☐ Grapes ☐ Raisins ☐ Hotdogs

Does your child ever eat anything that is not food like clay, paint chips, soil, etc?

☐ No

☐ Yes

I know my child wants to eat when he or she:

I know my child is full when he or she:

I would like to learn more about.....

☐ Healthy snacks for toddlers

☐ Weaning off the bottle

☐ Ways to stretch my food dollars

☐ Family meals

☐ How to take care of my toddler's teeth

☐ Fun activities for my child

☐ Play groups in my area

☐ Food resources in my area

☐ Other: _____

Staff use only:

♣ Nutrition practices:

64 66 88 89

♣ Topics discussed:

♣ Ed materials given:

☐ None

☐ Feeding Guide

☐ Activity Pyramid

☐ Playing With Your Toddler

☐ Dental Information

☐ F & V material

☐ Other:

♣ Referrals:

☐ None

☐ HBKF.....☐ Declined

☐ Provider/medical home

☐ _____

♣ Parent's SMART plan for child is:

♣ Nutrition follow up/next steps:

☐ INCP

☐ Phone call

☐ Weight check

☐ Clinic or office visit

☐ Invited to group/nutrition activity:

☐ Other:

♣ Food package: D F

Omissions:

♣ Staff signature & title

♣ Date of visit